



DEPARTMENT OF THE NAVY

BUREAU OF MEDICINE AND SURGERY
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

BUMEDINST 6550.7

BUMED-OONC

3 Apr 92

BUMED INSTRUCTION 6550.7

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: UTILIZATION GUIDELINES FOR NURSE ANESTHETISTS

Ref: (a) American Association of Nurse Anesthetists Guidelines
for the Practice of the Certified Registered Nurse
Anesthetist
(b) SECNAVINST 6401.2A
(c) SECNAVINST 6320.23
(d) BUMEDINST 6320.66A
(e) Manual of Navy Officer Manpower and Personnel
Classifications, NAVPERS 15839G (NOTAL)
(f) Qualification Standards for Positions Under the
General Schedule, Nurse Anesthetist Series, GS-605 and
Nurse Series, GS-610, Handbook X-118 (NOTAL)
(g) MANMED, Chapter 21
(h) BUMEDINST 6010.13

1. Purpose. To establish guidelines for the utilization of
nurse anesthetists in the naval health care delivery system.

2. Cancellation. NAVMEDCOMINST 6550.1.

3. Background. A certified registered nurse anesthetist (CRNA)
is a registered professional nurse who has successfully completed
an educational program approved by the Council on Accreditation
of Nurse Anesthesia Educational Programs/Schools and has passed
the certification examination of the Council on Certification of
Nurse Anesthesia. A graduate registered nurse anesthetist (GRNA)
is a graduate of such a program having the education to sit for
that examination. This professional functions in an expanded and
specialized area of nursing and possesses the knowledge and
clinical skills required to accept and provide services to
patients requiring anesthesia care management as described in
reference (a).

4. Licensure and Certification. The nurse anesthetist must
possess a current license to practice professional nursing per
reference (b). Initial certification by the Council on
Certification of Nurse Anesthesia and recertification every 2
years by the Council on Recertification of Nurse Anesthetists is
required.



5. Scope of Practice. CRNAs and GRNAs are authorized to function within the scope of their assigned privileges as delineated in references (c) and (d). GRNAs who are also eligible to hold a medical staff appointment with clinical privileges, per reference (d), may request and be granted an appointment with appropriate privileges.

6. Utilization. Certain utilization policies have been established regarding nurse anesthetists.

a. The nurse anesthetist is assigned to the commanding officer of a naval medical activity in a specialty coded billet (reference (e)) or civilian position (reference (f)), and performs such other collateral duties as assigned by the commanding officer. The nurse anesthetist works under the professional direction of the head of the anesthesia department if there is an anesthesiologist at the command. If there is no anesthesiologist at the command, the nurse anesthetist will be the administrative head of the anesthesia department while under the professional direction of the head of the surgery department.

b. Direct lines of communication must remain open between the nurse anesthetist and the director of the nursing service (DNS) to keep abreast of current nurse corps issues and for career counseling. Overall responsibility of fitness reports remains with the head of the anesthesia department in collaboration with the DNS.

c. The nurse anesthetist must stand watches which are equitable among other anesthesia providers. The watch bill must be approved by the commanding officer.

d. A position description detailing the areas of responsibilities and performance expectations must be developed in coordination with the head of the anesthesia department and DNS, and approved by the commanding officer.

7. Medical Records. Legibility and accuracy of their entries on medical records are the responsibility of the nurse anesthetist. Orders written on inpatient medical records by nurse anesthetists do not require cosigning by physicians per reference (g).

8. Monitoring and Evaluating Activities. The ongoing evaluation of the quality of care, both process and outcome, rendered by CRNAs must be in compliance with the facility quality assurance instruction and in conformance to guidelines in reference (h). Input from these activities must be incorporated into the privileging process as directed in reference (d) which prescribes the Performance Appraisal Report (PAR) for CRNAs.

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9. Prescribing Medication. Medications must be prescribed as directed in reference (g).

10. Continuing Education. The nurse anesthetist must comply with the continuing education requirements necessary to maintain State licensure and specialty recertification. They will be afforded the opportunity to attend at least one funded professional meeting each year. Commands must maintain records on all continuing education obtained by the nurse anesthetist.

11. Action. This instruction is effective upon receipt.



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